

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044150

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11413

STATE FILE NUMBER

FILED NOV 30 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

St. Luke's Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

ADDRESS

5073 Waterman Ave.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

AARON

Middle

L.

Last

DOUGLAS

4. DATE OF DEATH

Month

Day

Year

Nov.

25

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-27-1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Staff Supervisor-Amer. Tel. & Tel. Co.

10b. KIND OF BUSINESS OR INDUSTRY

Tel. & Tel. Co.

11. BIRTHPLACE (City and state or country)

Louisville, Ky.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Braxton Douglas

13b. MOTHER'S MAIDEN NAME

Birdie Unknown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Address

Virginia Head 1420 S. 1st St.-Louisville, Ky.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma hepatic bile duct

INTERVAL BETWEEN ONSET AND DEATH

8 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

155.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-27-62 to 11-25-62 and last saw him alive on 11-25-62
Death occurred at 11:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Carl S. Fischer M.D.

22b. ADDRESS

457 N. King Highway

22c. DATE SIGNED

11/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal(Mtr)

23b. DATE

Nov. 27, 1962

23c. NAME OF CEMETERY OR CREMATORY

Old Liberty Cemetery

23d. LOCATION (City, town, or county)

Bradfordsville, Ky.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. King Highway Blvd.

25. DATE RECD. BY LOCAL REG.

NOV 27 1962

26. REGISTRAR'S SIGNATURE

Carl Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Quinn

Licensed Embalmer No. 4527

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.